2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am Secretary of State DOCUMENT # N98000001524 1. Entity Name 03-12-2004 90044 032 ****61.25 WALTON COUNTY SNOWBIRDS, INC. Principal Place of Business Mailing Address #89 BAIRD ST. #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 SANTA ROSA BEACH FL 32459-3630 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3501182 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name WILLIAMS, JACK L Street Address (P.O. Box Number is Not Acceptable) #89 BAIRD ST. SANTA ROSA BEACH FL 32459-3630 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. $\{ \{ \omega_i \} \}$ SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 📜 Delete TITLE ☐ Addition ŲŢĘ ZEGGIL, FRED NAME NAME 31 SUNSET DR STREET ADDRESS STREET ADDRESS STE, ANN MANITOBA CA r5-a1h5 CITY-ST-ZIP CITY-ST-71P Addition ☐ Delete M. Change TITLE TITLE CHARLES, DUFFY NAME NAME 800 S HARLAN STREET ADDRESS STREET ADDRESS EVANSVILLE IN:47714 CITY:ST-ZIP-CITY-ST-ZIP Delete 📈 ZEGGIL, FRED NAME NAME 100 Seascape Dr. Zloud 31-SUNSET DR STREET ADDRESS STREET ADDRESS iramar Beach, Florida 32560 STE ANN MA car5 -a1 h CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change DEMEE, CAROLINE A Riverview PL. NAME NAME 285 PAYNE ST UNIT 25A STREET ADDRESS STREET ADDRESS Ontario Canada DESTIN FL 32550 CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE BEALL, VALERIE NAME NAME 100 GRACE AVE. STREET ADDRESS STREET ADDRESS FAIRVIEW PA 16415 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

FILED